

**EXECUTIVE LOBBYING  
REGISTRATION/ RENEWAL FOR  
THE YEAR OF 2008**  
(Fill in year.)

**Instructions**

1. Print in ink or type.
2. Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
3. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Michalberry Julie A  
Last First MI

2. BUSINESS PHONE 225 387 1109  
Area Code and Phone Number

3. FAX NUMBER 225 344 7215

4. BUSINESS ADDRESS 3955 Government St. Ac 2 Baton Rouge LA 70806  
Street and No. City State Zip

MAILING ADDRESS Same as above  
Street and No. City State Zip

5. EMPLOYER Planned Parenthood of Louisiana & the Mississippi Delta

6. EMPLOYER'S ADDRESS 3955 Government St. St. 2 Baton Rouge LA 70806  
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Planned Parenthood of Louisiana & the Mississippi Delta

Address 3955 Government St. St. 2 Baton Rouge LA 70806

Business or purpose Reproductive healthcare

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

**FOR OFFICE USE ONLY**

Postmark Date: 2-6-08

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CHK# 024247  
\$110.00

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# EXECUTIVE LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## **CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist

